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N.J. BOARD OF DENTISTRY
ON 4-11-94 cm

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STATE OF NEW JERSEY
DEPARTMENT OF LAW & PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
STATE BOARD OF DENTISTRY

IN THE MATTER OF:	:	Administrative Action
	:	
Emanuel Roman, D.D.S.	:	CONSENT ORDER
	:	
	:	
LICENSED TO PRACTICE DENTISTRY IN	:	
THE STATE OF NEW JERSEY	:	
	:	

This matter was opened to the New Jersey State Board of Dentistry ("Board") upon receipt of a patient complaint from Maria Ogtong Tynan concerning dental treatment performed by the respondent consisting, in pertinent part, of post-crowns on tooth #9 and 10, the posts being of insufficient length to assure the retention on the crowns. The Board reviewed the entire record in this matter consisting of the patient charts, x-rays, the report of the subsequent treating dentist, and further information acquired at an investigative inquiry attended by the respondent on December 8, 1993. This review disclosed a failure of the dental treatment resulting in eventual replacement of the crowns on teeth #9 and #10 by another dentist and that respondent

improperly submitted an insurance form for the post-core as two separate procedures.

It appearing that the respondent desires to resolve this matter without recourse to formal proceedings and for good cause shown;

IT IS ON THIS

6 or April
DAY OF MARCH, 1994,

HEREBY ORDERED AND AGREED THAT:

1. Respondent shall make restitution to the patient for fees charged in connection with the post-crowns on teeth #9 and #10 by submitting a certified check or money order payable to Maria Ogtong Tynan in the amount of One Thousand Seven Hundred Fifty (\$1,750.00) Dollars to the State Board of Dentistry at 124 Halsey Street, Sixth Floor, Newark, New Jersey 07102, no later than the first day of the month following the entry date of this Order.

2. The respondent shall successfully complete seven (7) hours of continuing education in periodontal diagnosis, thirty-five (35) hours of continuing education in basic crown and bridge dentistry, and fourteen (14) hours of continuing education in post and core procedures for a total of fifty-six (56) hours of continuing education. These courses shall be approved by the Board in writing prior to attendance utilizing the attached Pre-Approval Sheet, and the courses must be completed by ~~September~~ *December* 31, 1994. Respondent also shall be required to complete the attached Continuing Education Report and Proof of Attendance as proof of successful completion of the required course work. The attached forms are made a part of the within Order, and a

separate form is to be used for each course. The continuing education ordered herein shall be in addition to, and not a part of the mandatory continuing education required for licensees.


3. Respondent shall not perform any post and core treatment until such time as all of the required continuing education set forth in the within Order has been completed.

4. Respondent is hereby reprimanded by the Board of Dentistry for completing insurance forms improperly by submitting the post-core procedure as separate procedures when, in fact, separate procedures had not been performed.

STATE BOARD OF DENTISTRY


Marvin Gross, D.D.S., President

I have read and understand
the within Order and agree
to be bound by its terms.
Consent is hereby given to
the Board to enter this Order.


Emanuel Roman, D.D.S.



State of New Jersey

ROBERT J. DEL TUFO
ATTORNEY GENERAL

DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
BOARD OF DENTISTRY
CONTINUING EDUCATION COURSE
PRE-APPROVAL SHEET

EMMA N. BYRNE
DIRECTOR

LOCATION

124 HALSEY STREET, 5TH FLOOR
NEWARK, NJ 07102
201/648-7087

MAILING ADDRESS

P.O. BOX 45005
NEWARK, NJ 07101

***** ATTACH COURSE DESCRIPTION AND/OR BROCHURE AND SUBMIT AT
LEAST 30 DAYS PRIOR TO COURSE DATE. THE BOARD CANNOT
ASSURE APPROVAL FOR COURSES PROVIDED ON SHORT NOTICE.
A SEPARATE FORM IS TO BE USED FOR EACH COURSE. A COPY
WILL BE RETURNED TO YOU AFTER APPROVAL OR DENIAL BY THE
BOARD. *****

DENTIST NAME _____

ADDRESS _____

TELEPHONE # _____

NAME OF COURSE _____

SPONSOR _____

ADDRESS _____

TELEPHONE # _____

COURSE PRE-APPROVED BY BOARD DATE _____

COURSE NOT ACCEPTED BY BOARD DATE _____

DATE _____

AGNES M. CLARKE
EXECUTIVE DIRECTOR



State of New Jersey

DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
BOARD OF DENTISTRY

EMMA N. BYRNE
DIRECTOR

MAILING ADDRESS

P.O. BOX 45005
NEWARK, NJ 07101

ROBERT J. DEL TUFO
ATTORNEY GENERAL

LOCATION

24 HALSEY STREET 6TH FLOOR
NEWARK, NJ 07102
201-648-7087

CONTINUING EDUCATION REPORTS AND PROOF OF ATTENDANCE

All reports should be typewritten. If more than one course is required, this report form may be duplicated. Please complete all sections in the spaces provided. A separate form is to be used for each course.

1. Name of Dentist and License Number
2. Title of Course, Instructor and Location Date of Course
3. Was prior approval for the course obtained: Yes _____ No _____
** If the answer is NO, please explain the reason:
4. Name, address and phone number of the sponsoring organization and the name of the representative in charge of attendance.
5. Hours of course attendance
6. Attach a copy of all course/lecture handouts. Number of pages attached _____
7. Attach a copy of proof of payment for the course and any other proof of attendance. (e.g. cancelled check, copy of certificate, letter from sponsor)
8. Describe with some specificity one new diagnosis or treatment or product or material about which you learned at the course. (Use the back of this sheet.)

PROOF OF ATTENDANCE:

The undersigned hereby verifies that the above named dentist attended and successfully completed the course listed above.

Signature _____

Date _____

Title _____